City of Cibolo Employment Application

The City of Cibolo is a drug free workplace and an Equal Opportunity Employer



Human Resources Department

200 South Main Street Cibolo, TX 78108

Website: <u>www.cibolotx.net</u> Phone: 210-658-9900 Fax: 210-658-1687

Position Desired Applicant Must Complete Position Desired: Date Available: Type of Employment Desired: Part Time Full Time **Personal Information** Please note: Print in ink or type. Complete all sections. Last Name: First Name: M.I. Street Address: City: State/Zip Alternate Phone: (Home Phone: (E-mail Address: Do you have a valid TX Driver's License? Yes □ No □ Class: CDL? Yes 🗆 No □ Driver's license number: Expiration date: Has your driver's license ever been If yes, explain: Revoked or suspended? Yes____ No ____ Do you have relatives working for or holding an elective office for the City of Cibolo? Yes No If Yes- Employee's Name Have you ever served in the military? Yes If yes what Branch? What type of Discharge did you receive? Do you have the legal right to obtain employment in the United States? Yes 🗆 No 🗆 Can you perform the essential functions and responsibilities of the position for which you are applying? Yes 🗆 No 🗆 If not, explain: Yes □ Do you require any special accomodation to perform required duties? No 🗆 If yes, explain: Have you ever worked for the City of Cibolo? Yes 📮 No 📮 If so, give date(s) of employment and position(s) held: Do you speak any other language(s)? Specify List any current licenses, certifications, or registrations required for the position for which you are applying. Include date received.

Education & Skills								
Level of education completed: If degree, specify major:	High School ☐ (GED 🗖	College 0-	·3 yrs □	Degree :	Assoc 🗖	Bachelor □ 1	Masters 🗖
Software Applications:			Typing W	/PM:				
School Name and Location	School Name and Location Month and Year Attended			Credits Earned		Major	Type of Degree	Year degree
			Quarter	Semester	Other (Specify)		Awarded	received
1	From /		-					
2	From /							
3	To / From /							
4	To / From /							
*	To /		-					
5	From /							
	To /							

Experie List last 5 ye	ence ars of work	c experience			
From:	/	То:	/	Beginning Salary \$	Ending Salary \$
Name of Em	ployer:				May we contact? Yes □ No □
Address:				City:	State/Zip:
Supervisor's	Name:				Phone Number: ()
Title and Du	ties Perform	ned:			
Reason for L	eaving:				

Lxperi	ence				
From:	/	To:	1	Beginning Salary \$	Ending Salary \$
Name of E	mployer:				May we contact? Yes □ No □
Address:				City:	State/Zip:
Supervisor'	's Name:				Phone Number: ()
Title and D	uties Perfo	rmed:			
Reason for	Leaving:				
Evnori	onco				
Experi	ence				
From:	1	To:	/	Beginning Salary \$	Ending Salary \$
Name of E	mployer:				May we contact? Yes □ No □
Address:				City:	State/Zip:
Supervisor'	's Name:				Phone Number: ()
Title and D	uties Perfo	rmed:			
Reason for	Leaving:				
Convic					
Convictions		ons civilian	or military	including traffic violations.	
Convictions	o.				Dates:
Explaine #					
Explanation	is				

Agreement	
Agreement of Applicant: I, the undersigned, do hereby certify that all statements in this applicat that ny misrepresentation or deliberate omission of a material fact may the City of Cibolo to release information as necessary to verify statemer authorize the employers, schools, or persons named above to give any hereby release information providers from any and all liability incurred application will remain confidential. If offered a position, I further agree as confidential) by an authorized physician and/or fingerprinting, as a citizenship or legal right to work in the US.	be justification for termination or refusal of employment. I authorize this made in this application and/or accompanying materials. I also additional information regarding my qualifications and character. I do as a result of furnishing such information. Information related to this to submit to a job-related medical examination (which will be treated
Employment with the City of Cibolo is at-will, and may be terminated at	
Date	Print Name